

COORDINATION OF BENEFITS

Before submitting a claim to Medicaid, a provider must submit and secure payment from all other liable parties such as Medicare Part A and B. (For more information refer to the Medicaid General Information Section, 11-4). Claims denied from Medicare as non-covered services should be submitted to Medicaid, not Crossovers. Do not include co-payments received from the patient in the TPL reporting.

For Healthy U or Molina TPL claims, contact the health plan for specific billing instructions.

INSTRUCTIONS FOR ELECTRONIC CLAIMS

It is not necessary to drop to paper to report COB. Medicaid prefers electronic claim submission. When submitting COB information in an Electronic format, be sure to include payer payment amount, patient liability and reason codes with amounts for contractual write offs. If the primary payer made line level payments on the claim, please report line level data to Medicaid. Do not send an Explanation of Benefits (EOB) from the primary payer except when a '0' payment is applied, a service is denied, or when a Medicare/Medicaid Coordination of Benefits (crossover) claim is submitted past the timely filing requirement of 6 months. When required, FAX the EOB to the Office of Recovery Services at 801-536-8513.

The Mail Box for claim submission are:

HT000004-001 Medicaid Fee for Service
 HT000004-005 Utah Medicaid Crossovers

INSTRUCTIONS FOR PAPER CLAIMS

Third Party Liability (TPL) payments must be reported in the positions listed below. An Explanation of Benefits (EOB) from the primary payer must be attached to the claim when a '0' payment is applied, a service is denied.

CMS-1500 (HCFA-1500) See Medicare/Medicaid COB instructions listed below	
Box	Instructions
28	Total Claim Charge
29	Amount Paid by other payer(s). Contractual adjustments should not be reported. The contractual amount will be calculated by Medicaid (Total claim charge - Amount Paid by other Payer - Patient Responsibility = Contractual Adjustment).
30	Balance Due. Report patient responsibility as listed by other insurance carrier(s).

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Form Locator	Instructions
54 A,B,C	Prior Payments made by other insurance carrier. Contractual adjustments should not be reported. The contractual amount will be calculated by Medicaid (Total charge - Prior Payments - Patient Estimated Amount Due = Contractual Adjustment).
55 A,B,C	Patient Estimated Amount Due or Patient Responsibility as listed by other insurance carrier.

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1994	1999	DENTAL
Box		Instructions
42	59	Payment by other plan(s). Contractual adjustments should not be reported. The contractual amount will be calculated by Medicaid (Total charge - Payment by other plan - Patient pays = Contractual Adjustment).
42	59	Patient pays. Amount as listed by other insurance carrier(s) as patient responsibility.
2002 Form - Medicaid recommends providers do not use this form. There are no fields to report payment by other plan or patient responsibility.		

MEDICARE/MEDICAID CROSSOVER

CMS-1500 paper claims require line level reporting of TPL. The information must be submitted in the boxes listed below. Claims submitted for regular Medicaid may also utilize this format rather than the format listed above (excluding directions for box 1). Medicaid will calculate patient responsibility and contractual obligation from the information submitted. When submitting Medicare/Medicaid Crossover Institutional paper claims, follow the instructions above. When a Medicare/Medicaid Crossover Claim is submitted past the timely filing requirement of 6 months attach an EOMB to the claim.

CROSSOVER CMS-1500 (HCFA-1500)		
Box	Instructions	
1	Check both the Medicare and Medicaid boxes.	
24J	Reason code for coordination of benefits (COB). Use ANSI 837 Standard Claim Adjustment Reason Codes. Reason codes should be present on the explanation of benefit received from the primary carrier. If not available, leave blank. Usually located on the EOB after the coinsurance column.	
24K	COB amounts. For each line of service, the box must contain two lines of information: If a secondary payer combine the total amount paid per line under the T and the write off per line under the C. Indicator of "T" and amount paid by the other payer. Indicator of "C" and contractual obligation (write-off) amount.	Example: T - 23.00 C - 17.00
28	Total Claim Charge	
29	Amount Paid. Report the total of the TPL and contractual obligation from the other payer(s). Amount must equal the total of all values reported in 24K.	
30	Balance Due. Report the patient responsibility as listed by Medicare and/or other payer(s).	